CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Plea	se type or print in ink.			00:04	B. 80v		
NAME OF FILER (LAST)		(FIRST)	(FIRST)		SOLO WAY SP (WBbr 61: SO		
Honeycutt-Larios		Kathryn		Marie A	M.		
1. (Office, Agency, or Court				TO DESCRIPTION		
7	Agency Name (Do not use acronyms)				248 P. P. P. L.		
	Natural Resource Agency - Department of Conservation						
Ī	Division, Board, Department, District, if applicable		Your Position				
	Division of Oil, Gas and Geothermal Resources		Engineering Geologist				
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
	Agency:	<u> </u>			Position:		
2.	Jurisdiction of Office (Check at least of	ne box)	and the second of the second o				
	X State		☐ Judge or Court Commissioner (Statewide Jurisdiction)				
	☐ Multi-County		•	,			
	•						
	City of	Other					
3.	ype of Statement (Check at least one box)						
	Annual: The period covered is January 1, 2017, through		Leaving Office: Date Left/				
	December 31, 2017.			ck one)			
	The period covered is One December 31, 2017.	_/, through		he period covered is Januar aving office.	y 1, 2017, through the date of		
1	Assuming Office: Date assumed/_			he period covered is e date of leaving office.	/, through		
	Candidate: Date of Election and office sought, if different than Part 1:						
	Schedule Summary (must complete	e) ► Total number	r of pages in	cluding this cover pa	ge:1		
	Schedules attached						
	Schedule A-1 - Investments - schedule	chedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached					
	Schedule A-2 - Investments – schedule attached						
	Schedule B - Real Property - schedule	attached	Schedule E -	Income - Gifts - Travel Pa	ayments – schedule. attached		
C	Ir- ⊠ None - No reportable interests on a	ny schedule					
5.	Verification	and the second s			AND THE STORY OF T		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	CITY		STATE	ZIP CODE		
	5816 Corporate Avenue Suite 100	Cypre	ess	CA	90630		
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	3			
(714) 816-6847 Kathryn.Honeycutt-Larios@				oneycutt-Larios@cons	servation.ca.gov		
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.						
	I certify under penalty of perjury under the la	tify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
	Date Signed 03/22/2018		Signature				
	(month, day, year)	and the second second second		/ (File-Ine originally signed staten	nent with your filing official.)		

FPPC Form 700 (2017/2018)